



APPLICATION FOR VETERINARIAN REINSTATEMENT/REACTIVATION

GEORGIA STATE BOARD OF VETERINARY MEDICINE

237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440

www.sos.ga.gov/plb/veterinary

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Veterinary Medicine in the State of Georgia. Visit the Board's website for the laws, rules and information: <http://www.sos.ga.gov/plb/veterinary>.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Incomplete applications result in delayed processing.

Incomplete applications are void after one year.

The \$600.00 **non-refundable** application fee payable to **Georgia State Board of Veterinary Medicine** must be included with application. Please note that the fee for checks returned for non-sufficient funds is \$40.00. Please mail application package in a 9 X 12 envelope with pages unstapled and unfolded.

- ☐ **NOTARIZED APPLICATION:** The completed two-page application must be mailed to the Board's office at the address listed above, along with your **FEE** and **PHOTOGRAPH** – a photograph taken within one year before the submission of the application. The Board, at their next scheduled meeting, will review the application with the required documentation. Reinstatement/reactivation of licensure is at the Board's discretion.
- ☐ **CONTINUING EDUCATION HOURS** totaling 30 hours obtained within the last 2 years. Hours used for reinstatement cannot be used for renewal during the next biennium.
- ☐ **OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another State(s), please have that/those state(s) officially certify that license directly to the Board's office.
- ☐ **GEORGIA LAW EXAM:** You must submit a completed Law Exam, and obtain a passing score on this exam. The exam can be downloaded from our website at www.sos.ga.gov/plb/veterinary, and link to Download Forms.

HAVE YOU PRACTICED VETERINARY MEDICINE IN GA. SINCE EXPIRATION OF LICENSE? ☐ YES ☐ NO

OTHER STATE LICENSE(S)

IF YOU HAVE EVER BEEN ISSUED A LICENSE BY ANY OTHER STATE, YOU MUST CONTACT THAT STATE BOARD AND HAVE VERIFICATION MAILED DIRECTLY TO THE ADDRESS LISTED ABOVE, AND COMPLETE THIS SECTION. **IF LICENSE HAS EVER BEEN DISCIPLINED, ATTACH COPY OF DOCUMENTS.**

STATE	PROFESSION	YEAR ISSUED	CURRENT STATUS	DISCIPLINARY ACTION?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL EXPERIENCE (FROM DATE OF LICENSE EXPIRATION TO PRESENT)

TYPE OF PRACTICE/EXPERIENCE AND LOCATION	DATES	
	FROM (MO/YR)	TO (MO/YR)

- 1) Have you ever been convicted of a misdemeanor or felony (other than minor traffic violations), or entered a plea of guilty, nolo contendere, or under "First Offender Act", or been sanctioned by another Board?
☐ Yes ☐ No
- 2) Have you ever had revoked or suspended or otherwise been sanctioned for any license issued by any board or agency in Georgia or in any other state?
☐ Yes ☐ No
- 3) Have you ever been denied issuance of, or pursuant to disciplinary proceedings, refused renewal of DEA registration or a license by any board or agency in Georgia or any other state?
☐ Yes ☐ No
- 4) Have you ever had a DEA registration or license surrendered, revoked or suspended?
☐ Yes ☐ No
- 5) To your knowledge, are you the subject of an investigation by any licensing board or agency as of the date of this application?
☐ Yes ☐ No

Please attach an explanation for each question to which you have answered "Yes".

PHYSICAL/MENTAL CONDITION

1) Within the previous two (2) years, have you been dependent on alcohol or any other drug, or been treated for dependency on alcohol or any other drug?

☐Yes ☐No

2) Do you have any physical or mental condition which renders you unable to practice veterinary medicine with reasonable skill and safety to patients?

☐Yes ☐No

Please attach an explanation for each question to which you have answered "Yes".

APPLICANT AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Veterinary Medicine and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 6 & 7 of this application.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Veterinary Medicine and/or criminal prosecution.

APPLICANT'S SIGNATURE**DATE**

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this
(Applicant's Name)
application for a license to practice Veterinary Medicine in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____

County**State**

My Commission Expires _____

(seal)



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia State Board of Veterinary Medicine ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled

____ Working with elder care

____ Working with children

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- _____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]